

REVIEWS OF BOOKS.

A TREATISE ON ORTHOPEDIC SURGERY. By EDWARD H. BRADFORD, M.D., and ROBERT W. LOVETT, M.D., Surgeons to the Children's Hospital, etc., Boston. Illustrated with 789 engravings. New York: William Wood & Co., 1890. J. H. Chambers & Co., St. Louis.

This volume of 790 octavo pages is the most complete work on the subject of which we have any knowledge. As compared with this, former works seem as narratives of personal experience. The authors of this volume have wisely included all such subjects as are likely to come to the attention of those who interest themselves in this branch of surgery, without adhering too closely to the definition of the term, Orthopedic Surgery. They have given ample space to all recent work in pathology, a full exposition of all theories as to etiology, and a description of all forms of treatment that are worthy of consideration. As a scientific study of the subject the work deserves the highest praise, but as a bit of bookmaking, both on the part of the authors and the publishers, it is not what the reader has a right to expect. Writers of a "treatise" should not too frequently repeat themselves, nor so arrange their subject matter that it becomes necessary; nor should they be inaccurate in expression, or in error as to facts. And publishers of a six-dollar volume have no excuse for errors in proof-reading, or for illustrations that do not illustrate. Some of these faults we shall point out:

On page 8, should we not read *liability* for "inability"?

On page 321, are not the explanatory notes of Fig. 309 and Fig. 310 transposed?

In the text, illustrations are frequently referred to but not designated by number, and the cuts, in some instances, being placed on another page would be likely to result in confusion to one not familiar with the subject.

On page 376, we read: "The thigh ring is placed at an angle of 55° to the uprights, which angle is reduced by padding of the ring to 45° ."

Thomas says: "The ovoid ring should join the inner stem, forming an angle of 55° , which when correctly padded, becomes reduced to 45° ." However ingenious as a mechanic and skillful as a surgeon, Thomas does not always distinguish between angles, their complements, and their supplements; for as a matter of fact the ring of the Thomas knee-splint joins the inner stem at an angle of 135° (supplement 45°), which when properly padded becomes 125° (supplement 55°).

Again, we read: "The idea of using traction is not in accordance with the views of the inventor of the splint," whereas in the same paragraph from which the quotation on angles is taken (pp. 98, 99, second edition of Thomas on the Hip, Knee, and Ankle, 1876), Mr. Thomas speaks of cutting off "the staple," to which he attaches his traction straps while the patient remains in bed, and of welding on the patten for locomotion.

The first chapter treats of Pott's disease. The disease represents the result of a destructive osteitis affecting the spongy tissue of one or more of the vertebral bodies. This osteitis is tuberculous in type and follows the same course as tuberculous osteitis occurring at the epiphyses of the long bones, as in hip disease, tumor albus, etc. The treatment is by recumbency during exacerbations, traction in certain cases and under certain conditions, and fixation by means of some fixative apparatus, some form of the Taylor posterior steel splint being preferred. Taking the above into consideration we do not find any good reason for inserting the chapter on Pott's Disease before the chapters on Pathology, Etiology, Course, and Termination of Chronic Joint Disease, and separating it from Hip Disease when the pathology, etiology, course and treatment are admitted to be identical.

Chapter II. treats of Lateral Curvature of the Spine. We can not but think that the publishers would find it an excellent business venture to print these eighty pages as a monograph. Too much can not be said in praise of this chapter.

Chapter VI. takes up the subject of Hip Disease. The indications in the treatment of this disease are to furnish severally, fixation, traction (extension), and protection; to benefit the patient's general condition, to prevent and correct deformity, to allow locomotion as far as is compatible with the surgical indications, and to meet such complications (peri-articular inflammation, abscess, and sequestra) as may arise. For fixation the authors advise plaster-of-Paris or leather or metal splints; the Thomas splint; and some modification of the wire cuirass. For traction they advise some form of the "long traction splint" which is known under the name of the Taylor, or Sayre splint.

For protection, some form of the same splint, or Judson's ischiatic crutch.

The treatment of tumor albus of the knee is conducted on the same principles. Three modifications of the Thomas splint are shown, all designed to accomplish that which can be more perfectly accomplished by the splint as used by Mr. Thomas. The designers of these modifications (Figs. 339, 340, 341), have yet to learn the alphabet of Mr. Thomas' mechanics.

Every student of medicine recognizes the anatomical similarity between the hip and shoulder joints, and can readily understand that, if traction is beneficial in the treatment of chronic joint disease because of the distraction which it gives, it must be found more effective when employed in disease at the shoulder than in disease at the hip, inasmuch as the shoulder is more easily distracted than the hip; to such an one it will not be evident why traction is advised in the treatment of hip disease, and emphasized by 42 wood-cuts illustrative of apparatus designed to give traction, while in shoulder joint disease traction is not advocated, and no single cut illustrative of apparatus of any kind is given for guidance in this disease which, next to scoliosis, is the most difficult of all mechanical orthopedic problems.

The treatment of disease at the knee is illustrated by 13 cuts; the treatment of disease at the elbow by none. And it is difficult to understand why plaster-of-Paris is condemned at the knee, and advocated as the only means of treatment at the elbow.

The chapter on Club-Foot, which is limited to that variety known as equino varus, merits all the commendation given to Lateral Curvature. To review it without doing the authors a manifest injustice would require more space than it is possible for us to give. Much praise is also deserved for the chapter on Infantile Spinal Paralysis, and Cerebral Paralysis of Children; and a decided advance has been made in advocating the cutting of the resisting tendons in the latter condition. Of the chapters on Rickets, Bowlegs, and Knock Knee only good words can be said.

In looking back over the book as a whole we can only venture two words of criticism: First, inasmuch as the details of the operative procedures herein advocated can be found in any standard work on general surgery, would it not have been better to have given more minute details as to the measuring for, ordering, fitting, and adjusting, and if necessary manufacture of the various apparatuses recommended? Descriptions like the following are not clear to the average mind: "The traction splint consists of a rod, hollow at the lower part, with

teeth cut on the edge into which the rod plays, by means of a key. This rod can be moved up and down, and it is caught and held in place by means of a spring, and sliding catch." Second, the illustrations appear to be of three classes, namely, of those that well illustrate the text of the authors, of these there are not enough; of those made to illustrate the work of some other surgeon, of these there are too many and they no more deserve publication than the work they were intended to illustrate; and lastly, of illustrations stamped with the name of the surgical-instrument maker, and sometimes devised and used solely by that selfsame individual whose knowledge of the indications for the treatment of diseased conditions is no greater than his knowledge of anatomy. This appearance of a surgical-instrument maker's catalogue can not but be an unwise economy on the part of the publishers, as it is a matter of chagrin to the authors.

To the reader of this review, we would offer one word of advice: Go and buy the book. It is deserving of the most careful and painstaking study.

JOHN RIDLON.

CHIRURGISCH-ANATOMISCHES. VADE MECUM. Studirende und Aerzte. von. W. ROSER. Achte sorgfältig umgearbeitete Auflage, besorgt von Dr. KARL ROSER. Leipzig: Veit & Co., 1890. New York: G. E. Stechert.

GUIDE TO SURGICAL ANATOMY.

But a short time ago we had occasion to notice the seventh edition of this popular little work. Since then its author has passed away, and the present, eighth, edition is written by his son, who, for many years, assisted his father. The same method of teaching surgical anatomy, that of fenestrated incisions and dissections is, of course, adhered to, and much of the text, at least one-fourth, has been rewritten. Much of the terminology has been altered, so as to correspond with that of Henle; and a few new wood-cuts have been inserted. Some remarks applying to rarer forms of surgical dislocations, etc., have been omitted, as unnecessary; but, in the opinion of the present writer, to the detriment of the work. W. W. VAN ARSDALE,